

COMMONWEALTH OF MASSACHUSETTS  
BOARD OF REGISTRATION IN NURSING

FACULTY VACANCIES AMONG BOARD-APPROVED  
NURSING EDUCATION PROGRAMS IN MASSACHUSETTS  
2005-2006 through 2007-2008

Spring 2006 Survey

**Introduction**

Nursing program administrators nationwide continue to report increases in faculty vacancies and growing difficulties in recruiting and retaining qualified faculty, particularly those with specific clinical expertise, to meet program expansion needs (American Association of Colleges of Nursing [AACN], 2003; National League for Nursing, 2006). Nursing program administrators in Massachusetts cite similar concerns, noting that movement to other positions in academia is contributing to their inability to retain qualified faculty.

Competition with the practice setting is often cited as having the greatest impact on attracting qualified nursing faculty, resulting in the inability to accept qualified applicants into nursing education programs (AACN, 2003 and 2005). Findings from the 2004 faculty vacancy study conducted by the Massachusetts Board of Registration in Nursing (Board) identified salary range as well as competition with the clinical setting as contributing to vacancies among Massachusetts basic nursing education programs (Massachusetts Board of Registration in Nursing, 2004). The Board surveyed nursing education program administrators in early March 2006 to collect and analyze data to describe nursing faculty vacancies among the 62 Board-approved (*Full Approval* and *Initial Approval* status) nursing education programs for academic years 2005-2006 through 2006-2007.

**Methodology**

Adapting the 2004 faculty vacancy survey tool, a four-page, 16-item questionnaire was designed to gather data about each program's budgeted full time equivalent (FTE) nursing faculty positions (filled and vacant). To insure consistency, respondents used the Interagency Conference on Nursing Statistics formula to calculate faculty FTEs (Interagency Conference on Nursing Statistics, 1997). No new questions were added to the 2006 survey tool. Content validity of the survey tool had been previously reviewed by two of the nurse educator members of the Board and two senior staff members.

The survey was mailed to all nurse administrators (N=62) on March 2, 2006. A reminder notice was distributed by electronic mail on April 9, 2006 to non-respondents.

Data are reported by program type (Registered Nurse and Practical Nurse). Although data are not reported as such (except when identified), it can also be sorted by RN degree type (hospital based diploma and associate degree, and baccalaureate and higher degree) and by publicly funded institutions. While respondents could select more than one answer to many of the questions, it should be noted that not all respondents answered every survey question; percentages are based on the actual number of respondents to each question.

## **Results**

### *Number and type of institution offering Board-approved nursing education program*

A total of 49 nurse administrators (78%) responded to the survey by early-May: 17 of 21 (81%) Practical Nurse programs and 32 of 40 (80%) Registered Nurse programs, including 18 of 22 (82%) hospital-based diploma and associate degree programs, and 14 of 18 (78%) baccalaureate and higher degree programs. Thirty-seven respondents categorized the type of institution offering the nursing education program as “public” (76%). The number and type of institutions responding to the survey are shown in *Table 1*, (Appendix I).

### *Current and anticipated nursing faculty FTEs and FTE vacancies*

The number of budgeted FTEs for academic year 2005-2006 was calculated by combining the number of budgeted filled and budgeted vacant faculty FTEs. A total of 555.3 total budgeted FTEs were reported by RN programs for academic year 2005-2006, an overall increase from 495.89 in academic year 2003-2004. Among diploma and associate degree respondents, the number of budgeted FTEs decreased from 227.94 in academic year 2003-2004 to 209.83 in academic year 2005-2006; however this number was 200.2 in academic year 2001-2002.

The total number of FTE RN faculty vacancies reported for academic year 2005-2006 is 32, compared to 26.41 during academic year 2003-2004 and 17.1 during academic year 2001-2002. Eighteen RN program respondents (66%) reported experiencing faculty vacancies for academic year 2005-2006. This number demonstrates an increase of 35% in the faculty vacancy rate from academic year 2003-2004.

PN program respondents reported a total of 84.23 budgeted FTEs, an increase from 73.7 for academic year 2001-2002; however this number of budgeted FTEs continues to be less than the 105.5 reported in academic year 2001-2002. Among Practical Nurse programs, there were 7.85 FTE vacancies for academic year 2005-2006. Current and projected FTE data for Registered Nurse and Practical Nurse programs are summarized in *Table 2*, (Appendix I).

### *Current and anticipated nursing student enrollment*

Student enrollments are projected to increase among RN programs through academic year 2007-2008. The baccalaureate and higher degree programs experienced greater than projected enrollments, conversely, the actual enrollments in Associate degree programs for 2005-2006 were lower than had been projected. A decrease in enrollments is projected among PN programs through academic year 2007-2008. Projected student enrollment data are shown in *Table 3*, (Appendix I).

### *Factors contributing to nursing faculty vacancies*

Return to clinical practice was rated as the factor most frequently contributing to pending RN and PN faculty vacancies according to 13 (27%) of survey respondents. This was closely followed by moving to another position in academia (24.5%) and retirement (24.5%). Retirement had previously been identified by 44% of the 2004 survey respondents as the factor having the most significant impact on faculty vacancies. By RN degree type, 36% of Baccalaureate and Higher Degree RN programs, compared to 17% of Diploma and Associate Degree programs, indicated retirement was the most significant factor. Retirement was cited

by 24% of PN programs as a contributing factor. Among both RN and PN programs, program expansion or change was also cited a significant factor.

#### *Factors impacting recruitment of qualified<sup>1</sup> nursing faculty*

All program types rated salary range as having the greatest overall impact on the program's ability to recruit qualified faculty. Responses by RN programs indicate salary range had a greater impact on recruitment efforts in 2006 (75%), than in 2004 (68%). Competition with clinical employment settings had a greater impact on faculty recruitment for Associate Degree programs (72%) than Baccalaureate Degree programs (50%). Competition with other academic institutions was cited by 50% Baccalaureate Degree programs and 39% of Associate Degree program as the third most significant factor. However, among Practical Nurse programs, salary range (65%) and a shortage of qualified applicants within the program's geographic area (53%) were the factors currently cited as most significantly impacting the PN program's ability to recruit qualified faculty, followed by competition with other academic employers (41%).

#### *Successful nursing faculty recruitment methods*

Networking and "word-of-mouth" were cited by the majority of RN and PN program respondents as the most successful methods for recruiting qualified faculty.

#### *FTE, and laboratory and clinical faculty vacancies filled in last twelve months*

A total of 60.6 FTE vacancies were filled by qualified faculty in the last 12 months among RN programs, including 36.1 FTE vacancies at hospital-based and associate degree programs, and 24.5 at baccalaureate and higher degree programs. The average number of filled vacancies per responding RN program was 2.2, ranging between 0 and 9. Among PN programs, a total of 11.73 FTE vacancies were filled in the last 12 months, with an average per program of 0.78 (0 to 2.85).

RN program laboratory or clinical vacancies were filled by 185.9 qualified faculty in the last twelve months; 81.4 positions were in associate degree and hospital based programs, and 104.5 in baccalaureate and higher degree programs. The average number per responding program was 5.8, ranging between 0 and 18 at diploma and associate degree programs, and 0 and 36 at baccalaureate and higher degree programs. A total of 20.7 vacant laboratory or clinical PN program positions were filled in the last 12 months by qualified faculty, an average of 2.07 per program. The number of laboratory or clinical positions filled and average number of positions filled per program by qualified faculty has increased in all program types since 2004.

#### *Nursing faculty salaries*

All RN and PN program respondents reported full-time faculty positions were classified as "salaried"; however there was one exception: one associate degree program reported its full-time faculty positions were on an hourly basis. While responding to questions regarding salary

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<sup>1</sup> 244 CMR 6.04(2)(b) faculty qualifications: current Massachusetts RN licensure in good standing; a minimum of two years full-time nursing experience, or its equivalent in the last five years; a minimum of a master's or doctoral degree in nursing for appointment to the faculty of an RN program, or a minimum of a baccalaureate degree in nursing for appointment to the faculty of a Practical Nurse program; and clinical competence in area of instruction.

classification, some respondents did not provide specific salary information. Salaries for part-time faculty were difficult to compare due to inconsistencies in the manner the salary was reported. Most respondents reported as part-time salary as hourly rates; however, some programs reported salary was paid by the week or semester. In addition, the rate of pay varied at some institutions based on the academic preparation of the part-time faculty (BSN versus MSN). Faculty salary data for full-time salaried employees is shown in *Table 4a* and *Table 4b*, (Appendix I).

*Clinical faculty specialties that are difficult to recruit*

Among all RN and PN program respondents, pediatric nursing followed by obstetrical nursing ranked as the most difficult clinical specialties to recruit qualified faculty to teach. Medical-surgical nursing ranked third among RN and PN programs.

*Impact of nursing faculty vacancies on program in last 12 months*

Thirty six percent (36%) of RN program respondents indicated faculty vacancies in the last 12 months resulted in an increase in the instructor to student ratio in the classroom. Among RN program respondents, 33% of associate degree programs and 7% of baccalaureate degree programs reported faculty vacancies resulted in increase in the clinical instructor to student ratio to 1:10; however 6% of associate degree programs and 29% of baccalaureate degree programs reported an increase in the faculty to student ratio in skills lab. Five RN program respondents (16%) reported they were unable to increase student admissions as projected, a decrease from the 8 RN programs reporting nursing faculty vacancies were preventing an increase in student admissions in 2004.

An increase in the clinical instructor to student ratio to 1:10 and being unable to offer clinical learning experiences concurrent with theory were cited with equal frequency by PN programs as an outcome of faculty vacancies on the nursing education program. One PN program (6%) was unable to offer clinical concurrent with theory in 2004; this number increased to four PN programs in 2006 (24%).

*Strategies implemented by program in last 12 months to address nursing faculty vacancies*

Thirty-eight percent of all RN program respondents report adding evening/weekend clinical experiences as the strategy most frequently implemented to address faculty vacancies in the last 12 months, followed by increased hourly salary (25%). Joint appointments with clinical agency affiliates was the most often employed strategy in 2004, however this now ranks third in frequency (22%). A more competitive benefit package was not implemented by any of the responding RN programs as a strategy to address faculty vacancies.

Among PN program respondents, faculty work load redesign was the strategy most commonly used to address recent faculty vacancies, consistent with 2004. This strategy was followed by increased hourly salary and implementation of a more competitive benefit package.

*Preferred strategies to address nursing faculty vacancies and assure preparation of graduates for safe, competent, entry-level practice*

As was reported in 2004, the availability of a competitive salary and benefit package to offer faculty applicants was cited by as the preferred strategy to address faculty vacancies and to

assure the preparation of graduates for safe, competent, entry-level practice by RN and PN program respondents (n=30). By RN degree type, joint appointments with clinical agency affiliates was ranked second as the preferred strategy by baccalaureate and higher degree programs and third by associate degree and diploma programs. Interestingly, this strategy was *preferred* by 16 of the 32 responding RN program, an increase of 166% from 2004.

Strategies identified by PN programs as *preferred*, following availability of a competitive salary and benefit package, included financial incentives for graduate nursing education and faculty workload redesign.

Other strategies suggested by respondents as a way to address faculty vacancies included: "Increase tuition reimbursement for community college and state college faculty members – at present time the benefit only covers tuitions. Fees are the greatest cost of graduate work"; "Federal Loan repayment for teaching. According to HRSA nurse educators do not work in a Critical Shortage Facility"; Clinical agencies release qualified staff to school for clinical instruction or share salary"; and "Agencies reward staff with free graduate courses - tuition and fees - to increase pool of qualified faculty."

One PN program respondent commented, "Because of the waiver provision for RN educational programs there has been a marked decrease in the availability of BSN prepared RNs." Twelve of the RN program respondents preferred the strategy of appointing an otherwise qualified instructor with a BSN for clinical or skills laboratory instruction with supervision to assure preparation of graduates for safe, competent practice, a 200% increase from 2004.

*Use of 244 CMR 6.04(2)(b) 3 waiver in the last 12 months (applicable to RN programs only)*  
Twenty-eight RN program respondents (87.5%), reported appointing at least one clinical or skills laboratory instructors with faculty for whom the Board had granted a 244 CMR 6.04(2)(b) 3 waiver; 18 RN programs had reported obtaining a waiver in 2004 . Had the waiver policy not been available, 50% of RN survey respondents identified a reduction in student admissions would have potentially occurred. One RN program respondent reported, "Without the waiver, the number of clinical placements would have been impossible to fill. Current active students would have been denied access to classes they were ready for. This would have been disastrous for us."

#### *Nursing program respondent comments*

Respondents were provided an opportunity to submit written comments at the conclusion of the survey. These comments can be found in Appendix II.

Consistent with the 2004 study, a non-competitive salary for nurses seeking employment in academia persists as a theme in the responses from survey participants. The impact of salary is not only on recruitment, but on retention of qualified faculty as well; respondents are losing nursing faculty to other nursing education programs and clinical practice.

## **Discussion**

An estimated 659 to 1099 clinical nurse educators will be needed at RN programs statewide during academic year 2007-2008. Interestingly, this number is lower than projected for 2005-2006, however for baccalaureate and higher degree programs the projected number of clinical instructors that will be needed has increased. Among PN programs, between 92 and 153 clinical nurse educators will also be needed, an increase from the 2004 survey projections. It is expected the actual number of clinical instructors needed in academic year 2007-2008 will be higher since all RN and PN programs did not respond to the 2006 survey, (*Table 5, Appendix I*). Additionally, at the time of the preparation of this report, there are two nursing education programs seeking initial Board approval, and one planning to submit an application for pre-requisite approval to operate a nursing education program, which will further increase need.

The AACN *Special Survey of AACN Membership on Vacant Faculty Positions for Academic Year 2005-2006*, reported the faculty vacancy rate was 8.5% (AACN, 2005). According to the Board's 2006 survey, the faculty vacancy rate reported by Massachusetts baccalaureate and higher degree nursing programs for the academic year 2005-2006 was 5%. For this same period the vacancy rate for associate degree and diploma programs was 8% and for practical nursing programs the vacancy rate was 9%. The Board's 2006 survey projects the number of faculty vacancies will increase to 14% in baccalaureate and higher degree programs for academic year 2007-2008; conversely, the vacancy rate in associate degree and practical nurse programs is expected to decrease to 7% and 5% respectively for this same time period. Prescott (2000) describes the presence of a sustained vacancy rate of greater than 5% to 6% as indicative of a labor market shortage. The vacancy rates reported in the Board's 2004 and 2006 survey demonstrate an existing shortage of nursing program faculty in Massachusetts which is expected to worsen over the next several years.

The number of budgeted full time faculty positions in Board-approved nursing education programs as reported by 2006 survey participants increased by 21.5%, or 114.65 positions, compared to 2004. The National League for Nursing (NLN, 2006) reports nursing education programs are increasingly using part-time faculty to fill vacant positions. The Board's 2006 survey did not collect data which would specifically identify the number of part-time faculty who are filling faculty positions; however, the reported increased use of the *244 CMR 6.04(2)(b) 3 Waiver* for the appointment of an otherwise qualified nurse for clinical and skills laboratory instruction in RN programs would indicate nursing education programs are using part-time faculty to fill vacancies. The Board granted 198 *244 CMR 6.04(2)(b)3 Waivers* in fiscal year 2006 (July 2005 to June 2006), an increase of 44% over fiscal year 2005, (n=136). As the faculty vacancy rate is projected to increase for 2007-2008 it can be expected part-time faculty will continue to be utilized to prepare entry-level nurses for practice, (*Table 6, Appendix I*).

Competitive salaries have been consistently identified as contributing to the shortage of qualified faculty. The salaries provided by academia may not be as appealing as those offered in other employment settings (AACN, White Paper, 2005) making it difficult for nursing education programs to recruit, and retain, qualified faculty. Unpublished data (D. McCabe, MNA, personal communication with J. Pelletier, BRN, October 17, 2006), from a March 2006 review of hourly salary rates at 8 randomly selected hospitals (2 in western Massachusetts, 2 in Boston, 2 North of Boston, and 2 in southeastern Massachusetts) under collective

bargaining agreements with the Massachusetts Nurses Association (MNA) highlight regional differences in academic and clinical nursing practice. Annualized salary ranges for facilities located in these regions are summarized in *Table 7*, (Appendix I). Faculty salaries are based on an academic year and since clinical practice salaries are based on a calendar year faculty salaries were converted to a calendar year basis and are presented in *Table 8*, (Appendix I).

The Board's Spring 2006 Nursing Faculty Vacancy study makes available data that may be used by nursing program faculty and healthcare providers statewide, as well as legislators, regulators, and post secondary and higher education administrators in the planning for the Commonwealth's current and future nursing education program needs.

*This report was prepared by Judith M. Pelletier, MSN, RN, Nursing Education Coordinator and presented to the Massachusetts Board of Registration in Nursing on December 13, 2006.*

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## **APPENDIX I**

## Tables

**Table 1.** Number of survey respondents.

	# BRN- approved institutions	# Responding	Response Rate	# of total respondents publicly funded	% of total respondents publicly funded
Practical Nurse (PN)	21	17	81%	17	100%
Diploma/Associate degree	22	18	82%	14	78%
Baccalaureate and higher degree	18	14	78%	6	43%
Total Registered Nurse (RN)	40	32	80%	20	63%
Total PN and RN	61	49	80%	37	76%

**Table 2.** Actual and projected total budgeted nursing faculty FTEs.

	2005-2006			2006-2007		2007-2008	
	Filled FTEs	Vacant FTEs	% Vacancy	Projected # vacant FTEs	Vacancy % of 05-06 total	Projected # vacant FTEs	Vacancy % of 05-06 total
Practical Nurse (PN)	84.23	7.85	9%	7.95	9%	4.6	5%
Diploma/Assoc Degree RN	193.83	16	8%	12	6%	15	7%
Baccalaureate & Higher Degree RN	329.5	16	5%	46.5	13%	46.75	14%
Total Registered Nurse (RN)	523.33	32	6%	58.5	11%	61.75	11%
Total PN and RN	607.53	39.85	6%	66.35	10%	66.4	10%

**Table 3.** Actual and projected nursing student enrollments [*the number in ( ) is the projected enrollment for 2005-2006 as reported Spring 2004*].

Practical Nurse Programs			Diploma/Associate Degree RN Programs			Baccalaureate and Higher Degree RN Programs			All Registered Nurse Programs		
05- 06	06- 07	07- 08	05- 06	06- 07	07- 08	05- 06	06- 07	07- 08	05- 06	04- 07	07- 08
947 (876)	933	916	2548 (2984)	2611	2677	3746 (3724)	3871	3917	6294 (6709)	6482	6594

**Table 4a.** Full-time salaried nursing faculty positions among all survey respondents 2006. [*The salaries in ( ) were the reported extremes*].

	Average salary	Average salary range
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		Average starting	Average maximum
Practical Nurse programs	\$52,084 (N=12) (\$30,000 to \$70,000)	\$43,148 (N=14) (\$30,000 to \$60,000)	\$62,920 (N=14) (\$36,000 to \$70,000)
Diploma/Associate degree RN programs	\$47,170 (\$38,000 to 55,793)	\$40,528 (\$30,000 to \$55,000)	\$56,858 (43,000 to \$68,000)
Baccalaureate/Higher degree RN programs	\$58,384 (N=9) (\$42,000 to 69,900)	\$47,830 (N=12) (\$32,000 to \$65,000)	\$73,567 (N=12) (\$45,000 to \$116,000)

**Table 4b.** Full-time salaried nursing faculty positions among publicly funded survey respondents. [*The salaries in ( ) were the reported extremes.*]

	Average salary	Average salary range	
		Average starting	Average maximum
Diploma/Associate degree RN programs	\$51,135 (\$38,000 to \$55,795)	\$41,493 (\$32,000 to \$55,000)	\$58,066 (\$49,000 to \$68,000)
Baccalaureate/Higher degree RN programs	\$55,762 (N=4) (\$48,500 to \$65,911)	\$50,996 (N=6) (\$42,000 to \$65,000)	\$68,690 (N=6) (55,000 to \$100,384)

**Table 5.** Number of Qualified 2007-2008 Clinical Faculty Needed to Maintain Specific Instructor/Student Ratio Based on Projected Student Enrollment

Practical Nurse Programs			Diploma/Associate Degree RN Programs			Baccalaureate and Higher Degree RN Programs			All Registered Nurse Programs		
1:10	1:8	1:6	1:10	1:8	1:6	1:10	1:8	1:6	1:10	1:8	1:6
91.6	114.5	152.7	267.7	334.6	446.2	391.7	289.6	652.8	659.4	824.6	1099

**Table 6.** Actual and projected nursing faculty vacancy rates [the number in ( ) is the projected faculty vacancy rate for 2005-2006 as reported Spring 2004].

	2003-2004 <i>Actual</i>	2005-2006 <i>Actual</i>	2007-2008 <i>Projected</i>
Practical Nurse	7%	9% (13%)	5%
Diploma/Assoc Degree RN	2%	8% (8%)	7%
Baccalaureate & Higher Degree RN	8%	5% (9%)	14%
Total Registered Nurse	5%	6% (8%)	11%

**Table 7.** Annualized salary ranges of randomly selected acute care facilities with Massachusetts Nurses Association collective bargaining agreements (\*Non-bargaining unit position).

	Western Massachusetts		Boston		North of Boston		Southeastern Mass	
RN Position	Hospital 1	Hospital 2	Hospital 1	Hospital 2	Hospital 1	Hospital 2	Hospital 1	Hospital 2
<i>Staff Nurse</i>	\$49,067- \$74,318	\$54,912- \$76,939	\$52,333- \$108,638	\$58,178- \$120,432	\$50,190- \$94,016	\$50,232- \$90,085	\$46,800- \$81,141	\$49,920- \$81,141
<i>Staff Educator</i>	\$51,568- \$98,509*	\$54,912- \$76,939	\$57,574- \$119,496	\$69,390- \$142,254	\$54,226- \$101,545	\$52,748- \$94,583*	\$52,229- \$90,563	\$54,392- \$85,363
<i>Clinical Nurse Specialist</i>	\$67,454- \$98,509*	\$63,960- \$68,960	\$60,549- \$125,840	\$80,669- \$151,950	\$54,226- \$101,545	\$52,748- \$94,583*	\$61,235- \$101,608	\$74,630- \$107,224

**Table 8.** Full-time faculty salaries converted to a calendar year basis. (*Academic salaries were multiplied by 1.22 consistent with the AACN White Paper, 2005.*) [*The salaries in ( ) were calculated on the reported extremes.*]

	Average salary	Average salary range	
		Average starting	Average maximum
Practical Nurse programs	\$63,542 (\$36,000 to \$85,400)	\$52,641 (\$36,600 to \$73,200)	\$76,762 (\$43,920 to \$85,400)
Diploma/Associate degree RN programs	\$57,547 (\$46,360 to \$68,067)	\$49,444 (\$36,600 to \$67,100)	\$69,367 (\$52,460 to \$82,960)
Baccalaureate/Higher degree RN programs	\$71,228 (\$51,240 to \$85,278)	\$58,353 (\$39,040 to \$79,300)	\$89,752 (\$54,900 to \$141,520)

## **Appendix II**

FACULTY VACANCIES AMONG BOARD-APPROVED  
NURSING EDUCATION PROGRAMS IN MASSACHUSETTS  
2006-2007 through 2007-2008

Survey Respondent Comments

Practical Nurse Programs

PN-1: I feel like the other PN directors do. I am a “training ground” for part time instructors who work with us as clinical instructors and, once they have experience as faculty, move on to a position that pays more benefits and a better hourly rate.

PN-2: We need adjunct faculty to support program. These faculty need to be nurtured so they will stay with the program. One challenge is a regular influx in new faculty who require orientation/education, etc.

PN-3: Main difficulty-use of non-benefited PT instructors. Issues: faculty needing benefits; clear communication/support for new faculty; reluctance of parent institution to add full time employees.

PN-6: Because of the waiver provision for RN educational programs there has been a marked decrease in availability of BSN prepared RNs.

PN-8: None at this time.

PN-10: I am currently acting as a mentor/preceptor for two faculty members pursuing their MSN, with another faculty member completing her MSN in June. Our concern is that these instructors may choose to leave our program for a more lucrative full time position in another school. Therefore, the plan to improve the program’s financial stability will improve our ability to retain our excellent faculty team members.

PN-13: Part of the problem is that in the Practical Nurse Program, most clinical rotations need to be 3 days per week because of the required hours. Many PT adjunct instructors are able to work two days but not three; so then they decide not to come at all or drop out after one semester. Therefore, we are constantly looking for adjunct clinical instructors.

PN-15: Nurse Educators is a recognized Advanced Practice Nurse. Qualified definition needs to be revised; Qualified = 1. Certified Nurse Educator, CNE by NLN; 2. Graduate level education courses; 3. Nurse Educator Masters track or Nurse Educator Certificate at Masters level. MSN in clinical areas is not qualified. See “Scope of practice of the nurse educator” by NLN.

PN-17: It is difficult to find experienced nurse that meet academic and practice requirements even with reasonable salary since practice area offers much more. It would be helpful if nurses enrolled in MSN program could be mentored and work as clinical faculty and earn

salary and some academic credit if they were interested. The skills need to be a faculty member either class or clinical are specialized and many underestimate this piece or you are in a position where few apply so your selection ability is very limited.

I think the preceptor guidelines for PN experience need to be re-evaluated give the shortage of BSN nurses in some settings. Could an instructor cover preceptors in multiple settings as an alternative approach?

### Diploma/Associate Degree Programs

AD-3: Orientation of new adjunct faculty continues to be time-consuming and almost constant.

AD-5: More financial incentives are needed from MSN nurses to teach in ADN programs. More financial incentives for nurses to pursue MSN is needed.

AD-8: Until faculty salaries are raised to be competitive in the workplace, this problem will not go away. IN the meantime, graduate schools of nursing at the 4 yr institutions need to work cooperatively with A.D.N. programs to get grad students into preceptorships with nursing faculty. We need to work together, not competitively, there are enough qualified students for everyone. I would also like to see some clinical faculty placed at the agency and shared by multiple schools – a full time position funded cooperatively by two or more schools.

AD-9: None at this time.

AD-12: In addition to the time consuming additional effort to recruiting, interviewing and hiring qualified faculty, there is a serious concern about the quality of candidates available because the pool of qualified candidates is so limited. It has been my recent experience that there are some people who are qualified on paper, but are not appropriate for teaching. In one instance a person with experience and solid credentials had to be replaced mid-course as she was so inappropriate.

AD-14: 1. Salaries are the major barrier to recruitment and retention of faculty. 2. More support from experienced faculty is need for new faculty members. However, experienced faculty have heavy academic and clinical workloads.

AD-17: Nurse Educators is a recognized Advanced Practice Nurse. Qualified definition needs to be revised; Qualified = 1. Certified Nurse Educator, CNE by NLN; 2. Graduate level education courses; 3. Nurse Educator Masters track or Nurse Educator Certificate at Masters level. MSN in clinical areas is not qualified. See “Scope of practice of the nurse educator” by NLN.

### Baccalaureate and higher degree Programs

BS-2: The clinical agencies need to step up and release nurses with MS degrees to help teach clinical sections. The hospitals and other agencies need to identify the educational level of the

staff and proved preceptors in a timely manner for senior BS students. On a state level NSG faculty salaries need to be competitive with service salaries.

BS-4: Utilize master's prepared RN, BSNs with Master's in relevant healthcare field as adjunct faculty! i.e. RN BSN with MBA to teach Leadership and Management! RN BSN with MPH to teach community health, etc.

BS-5: We have interviewed a number of students who will be graduating from UMASS Worcester's education track in May. This has been wonderful.

BS-13: I found part I unclear. We've been able to fill all our positions with part time faculty. However, we have 3 full time vacancies presently. Next year (06-07) we are down 5 full time faculty. Hopefully we will fill all positions with full time faculty. If not, anticipate filling with part timers.